

MDR Tracking Number: M5-04-2861-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-04-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the prescription medications Celebrex, Tramadol, and Skelaxin dispensed from 5/7/03 through 7/3/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, the request for reimbursement for dates of service 5/7/03 through 7/3/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of August 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

July 22, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

Injured Worker:
MDR Tracking #: M5-04-2861-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1983. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury ____ when he was moving and lifting bricks and began to experience sudden sharp pain in his lower back. He was diagnosed with lumbosacral strain and an MRI revealed disc herniations at L4-5 and L5-S1 with neural foraminal narrowing, primarily right-sided involvement with stenosis. The patient has been treated with physical therapy and medications.

Requested Service(s)

Celebrex 200mg, Tramadol 50mg, and Skelaxin 400mg billed from 05/07/03 through 07/03/03.

Decision

It is determined that the Celebrex 200mg, Tramadol 50mg, and Skelaxin 400mg billed from 05/07/03 through 07/03/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has been on Ultram, Celebrex, and Skelaxin for four years with the only clinical statement that the patient continues to work at a reduced duty. This patient did have evidence on his MRI of degenerative disc disease and long term use of anti-inflammatory drugs can be used. However, long term muscle relaxants and pain medication is not recommended. No trials of any other medication are documented. The medical record documentation does not support the long-term use of these three medications.

Sincerely,